

IMPORTANT ...

Admission and Application Information:

Contact Information:

(Application /Admissions):

Gretchen Davis

Admissions Coordinator

(Financial Questions:)

Ruth Lynch

Financial Officer

Phone: 859-858-2814

Fax: 859-858-4039

- * If you have any questions about your application, or the admission process, please contact Gretchen Davis.**
- * If you have financial questions, call Ruth Lynch.**
- * Please call ahead and make an appointment before coming to the facility. We do not want you to make a long drive only to find out we do not have an appointment time open. You may leave a voice mail and we will return your call as soon as possible. Please remember to speak slowly, clearly and to spell anything we may have trouble understanding.**

Thank You



**Kentucky Department of Veterans Affairs
Office of Kentucky Veterans Centers**

1111 Louisville Road
Frankfort, Kentucky 40601
Phone: (502) 564-9281 Fax: (502) 564-4036



Dear Potential Resident/Family Member:

Thank you for your interest in the Kentucky Veterans Centers. We realize that the decision to place a loved one into a long-term care facility is not an easy one, and our goal is to make the transition as effortless and pleasant as possible.

At the top of the enclosed application you will find the names of the three state veteran's nursing homes we operate. Please check the box beside the home or homes in which you are interested in applying for admission.

There are admission coordinators at each home who are trained to assist, guide, and direct you through the application process. The addresses and telephone numbers of the admission coordinators are listed below, and we encourage you to contact them for any assistance needed.

In order to expedite the process, we have attached a list of items that are needed to help determine your eligibility, level of care, and financial responsibility. Please forward these items to us along with your completed application. Again, if any assistance is needed, please do not hesitate to contact one of the below facilities.

Thomson-Hood Veterans Center	Eastern Kentucky Veterans Center	Western Kentucky Veterans Center
ATTN: Admissions Coordinator – Gretchen Davis Financial – Ruth Lynch	ATTN: Admissions Coordinator – Steve Noe Financial – Marsha Jett	ATTN: Admissions Coordinator – Lisa Ware Financial – Lisa Foster
100 Veterans Drive	200 Veterans Drive	926 Veterans Drive
Wilmore, Kentucky 40390	Hazard, Kentucky 41701	Hanson, Kentucky 42413
859-858-2814	606-435-6196	270-322-9087
800-928-4838	877-856-0004	877-662-0008
Fax 859-858-4039	Fax 606-435-6201	Fax 270-322-9497
TTY 859-858-4226	TTY 606-435-6203	TTY 270-322-9752

We appreciate your service to the nation and extend our gratitude for the opportunity to serve you, the veterans of America's Armed Forces!

Sincerely,

Gilda Hill
Acting Executive Director
Office of Kentucky Veterans' Centers

☐ Thomson-Hood Veterans Center ☐ Eastern Kentucky Veterans Center ☐ Western Kentucky Veterans Center
 100 Veterans Drive 200 Veterans Drive 926 Veterans Drive
 Wilmore, Kentucky 40390 Hazard, Kentucky 41701 Hanson, Kentucky 42413

Please place a check in the box next to the home you are interested in.

No individual will, on the grounds of race, color, handicap, HIV status or national origin, be denied admission, care or any other benefit provided by the Kentucky Veterans Centers.			
INSTRUCTIONS:			
1. Applications must be TYPEWRITTEN or PRINTED IN INK. 2. Veterans must have anything other than a dishonorable discharge and meet those criteria required by the United States Department of Veterans Affairs for veteran's status. 3. Applicant must be a resident of Kentucky.			
COUNTY OF RESIDENCE:		DATE:	
In compliance with the eligibility requirements, I do hereby apply for admission to the Kentucky Veterans long term care facility checked above, and declare the following statements and information to be true:			
NAME		SOCIAL SECURITY NUMBER	
ADDRESS (STREET OR RFD)		TELEPHONE NUMBER	
CITY, COUNTY, ZIP CODE			
DATE OF BIRTH	SEX	AGE	
PLACE OF BIRTH		RELIGION	
MARTIAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED (PLEASE PROVIDE COPY OF DIVORCE) <input type="checkbox"/> WIDOWED (PLEASE PROVIDE COPY OF DEATH CERTIFICATE OF SPOUSE) <input type="checkbox"/> LEGAL SEPARATION (PLEASE PROVIDE COPY OF DECREE)			
NAME OF SPOUSE (maiden name)		SPOUSE'S SOCIAL SECURITY NUMBER	
SPOUSE'S ADDRESS		SPOUSE'S DATE OF BIRTH	
DATE AND PLACE OF MARRIAGE (PLEASE PROVIDE COPY OF MARRIAGE LICENSE)			
MILITARY SERVICE INFORMATION (Please provide copy of DD 214/Discharge)			
BRANCH AND SERVICE NUMBER	DATE AND PLACE OF ENLISTMENT	DATE AND PLACE OF DISCHARGE	TYPE OF DISCHARGE
IF YOU HAVE EVER BEEN A RESIDENT OF THE KENTUCKY VETERANS CENTER OR OTHER STATE OR FEDERAL LONG TERM CARE FACILITY, PLEASE COMPLETE THE FOLLOWING:			
DATE OF DISCHARGE	FACILITY	REASON	
HAVE YOU BEEN A PATIENT IN A HOSPITAL WITHIN THE LAST SIX MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the following:			
Name of Hospital/Private Physician		Address of Hospital/Physician	
Name of Hospital/Private Physician		Address of Hospital/Physician	

DO YOU HAVE MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO PART A _____ PART B _____ EFFECTIVE DATES: _____ MEDICARE NUMBER _____ (Provide copy)	DOES YOUR SPOUSE HAVE MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO MEDICARE NUMBER _____ (Provide copy)	
DO YOU HAVE ANY OTHER HEALTH/MEDICAL INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No COMPANY AND NUMBER _____ (Provide copy & verification of premium due)	DOES YOUR SPOUSE HAVE ANY OTHER HEALTH/MEDICAL INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO COMPANY AND NUMBER _____ (Provide copy & verification of premium due)	
INCOME AND ASSETS		
YOU HAVE TWO OPTIONS FOR PAYMENT; IF YOU CHOOSE NOT TO DISCLOSE YOUR ASSETS, PLEASE READ THE FOLLOWING STATEMENT AND SIGN:		
I DO NOT WISH TO PROVIDE MY DETAILED FINANCIAL INFORMATION. I UNDERSTAND THAT I WILL BE ASSESSED THE MAXIMUM AMOUNT FOR EXTENDED CARE SERVICES AND AGREE TO PAY THE MAXIMUM CHARGE.		
SIGNATURE	DATE	
YOUR SECOND OPTION IS TO DISCLOSE YOUR ASSETS AND YOU WILL BE CHARGED BASED ON YOUR ABILITY TO PAY. IF YOU ELECT THIS OPTION, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW:		
LIST ALL REAL ESTATE YOU AND/OR YOUR SPOUSE OWN OR IN WHICH YOU AND/OR YOUR SPOUSE HAVE ANY INTEREST. (Give location, size, description and approximate value. State whether held solely or jointly with husband/wife).		
LIST ALL SECURITIES WHICH YOU AND/OR YOUR SPOUSE OWN. (Include cash on hand or in safety deposit box, savings, checking accounts, time deposits, stocks, bonds, postal savings, notes, mortgages, or any other money or securities. Give amount and where located). (Provide verification of all securities listed).		
LIST THE PERSONAL PROPERTY WHICH YOU AND/OR YOUR SPOUSE OWN. (Include auto, truck, livestock, furniture, farm equipment, business inventory, etc. Give approximate value and where located).		
LIST ANY INDEBTEDNESS OTHER THAN THAT SECURED BY YOUR PRIMARY RESIDENCE. (Include amounts, payee, due dates and reason for indebtedness).		
LIST ANY INSURANCE POLICES WHICH YOU AND/OR YOUR SPOUSE HAVE. (Include burial, life, hospital, health and accident. Give name of company and face and/or current cash value). (Provide copies).		
LIST GROSS AMOUNTS OF MONTHLY INCOME:		
	VETERAN	SPOUSE
Wages	\$	\$
VA Pension	\$	\$
VA Compensation: Percent of Compensation _____	\$	\$
Social Security	\$	\$
Medicare	\$	\$
Retirement Income	\$	\$
Pension Income	\$	\$
Other Retirement Income	\$	\$
Interest	\$	\$
Dividends	\$	\$
Income from rental properties	\$	\$
Court Mandated (Alimony, Child Support)	\$	\$
Other Income	\$	\$
Other Income	\$	\$

PERSONS TO BE NOTIFIED IN AN EMERGENCY. (List two. If applicant has a guardian, conservator, or power of attorney, copies of the legal documents establishing such authority must be attached).	
NAME	RELATIONSHIP
ADDRESS	WORK PHONE
CITY, STATE, ZIP CODE	HOME PHONE
NAME	RELATIONSHIP
ADDRESS	WORK PHONE
CITY, STATE, ZIP CODE	HOME PHONE
BURIAL ARRANGEMENTS	
Name of Undertaker to be called	
Address of Undertaker	
Desired Location of Burial	
Name of person taking care of arrangements, if any	
CERTIFICATION	
<p>I _____, do solemnly affirm that I fully understand requirements that must be met, and all qualifications that must be possessed by an applicant for admission to the facility. I fully understand all questions asked on this application and that all statements made by me on this application are true. I am a resident of the Commonwealth of Kentucky and affirm that because of physical disability, I am unable to continue living in my home. I further agree to accept transfer to any other health care facility, or to my home, if in the opinion of the staff such transfer is necessary. This application is my free and voluntary act.</p> <p>I also certify that I have provided all requested information regarding my assets, indebtedness and income (including that related to my spouse) and that such information is complete and correct. I also agree to provide required proof of all income, assets, and indebtedness upon request. I understand that my admission and continued stay in the Kentucky Veterans Center is subject to a true and accurate reporting of my financial status. Misrepresentation of my financial status may result in my immediate discharge from the Kentucky Veterans Center.</p> <p>I also understand that the professional staff at the facility shall have the right to deny admission if, in their opinion, my needs cannot be adequately met at the facility.</p> <p>I hereby authorize the Kentucky Veterans Center to apply for any financial benefits to which I may be entitled.</p> <p>I understand that a non-medical leave of absence from the facility in excess of 96 hours (4 days) will result in a charge per day equal to the current VA Per Diem rate in effect at the time. This charge will be retroactive to the first day of absence from the facility and will cover the entire period of absence.</p> <p>I understand the monthly charges by the facility and agree to pay in full any charges within ten days of receipt.</p>	
Signature of Applicant (or Legal Representative)	Date:

Documentary support which must be provided prior to admission includes but is not limited to the following:

- ☐ Medical records from all healthcare providers seen in the six months prior to application and extending to date of admission.
- ☐ Proof of Kentucky residency.
- ☐ Proof of all income amounts listed herein.
- ☐ Documentation of all real estate listed other than the primary residence to include copy of deed, property tax assessment, and/or mortgage.
- ☐ Statements of account for all securities (cash on hand or in safety deposit box, savings, checking accounts, time deposits, stocks, bonds, postal savings, notes, mortgages, or any other money) listed herein for the three months prior to application and extending to date of admission.
- ☐ Documentation of all personal property listed herein other than one primary automobile.
- ☐ Copies of all insurance policies listed.
- ☐ Copies of medicare and health insurance cards (front and back).
- ☐ If applicable, copy of monthly premium paid on supplemental health insurance.
- ☐ Tax return for previous year, if applicable.
- ☐ Copies of all outstanding debts listed.
- ☐ Alimony/child support documentation.

ADDITIONAL COMMENTS

Completion of this section is voluntary

- A. ☐ American Indian or Alaskan Native
- B. ☐ Asian or Pacific Islander
- C. ☐ Black (Not of Hispanic origin)
- D. ☐ Hispanic
- E. ☐ White (Not of Hispanic origin)

Information is used only for statistical purposes

INFORMATION REQUIRED PRIOR TO ADMISSION

1. A copy of the power of attorney/guardianship papers, if applicable.
2. A copy of the resident's living will/advanced directives, if applicable.
3. A copy of the discharge from military service (DD 214).
4. A copy of social security card and copy of military ID if military retiree.
5. Verification of Kentucky residency.
6. Copies of all insurance cards (front and back) i.e. Medicare, Medicaid, and Private Insurance.
7. If the resident is currently in a nursing facility, please provide:
 - a) Current history and physical (within past 6 months.)
 - b) Nursing monthly summaries for previous 3 months.
 - c) Nursing notes for previous 3 month.
 - d) Current medication/treatment list, including herbal and over the counter meds.
 - e) Current PPD skin test status or proof of negative chest x-ray if PPD positive.
 - f) Current weight.
8. If not currently in a nursing facility, please provide:
 - a) Current History and Physical (within last 6 months.)
 - b) Discharge summary from recent or current hospital stay, if applicable.
 - c) Current medication/treatment list including herbal and over the counter meds.
 - d) Current PPD skin test status or proof of negative chest x-ray if PPD positive.
 - e) Current weight.

FINANCIAL INFORMATION NEEDED FOR ADMISSION

1. Verification of all income you and/or your spouse receive. Please provide copies of the check stubs you receive for any income that is not direct deposited. Income amounts must be the gross amounts before withholdings.
2. A copy of the tax return for the previous year, if applicable.
3. A copy of the monthly premium paid on supplemental health insurance, if applicable.
4. Three (3) months of bank statements and savings account statements starting with the most current statement.
5. Copies of any of the following that are applicable:
 - a) Market value of any property other than your primary residence.
 - b) Market value of any additional vehicles other than your primary vehicle.
 - c) Certificates of Deposit, IRA's, Stocks, Bonds, Money Market Accounts, Life Insurance Policies (Cash Value) and Burial Funds.
6. Copies of outstanding debts i.e. medical bills, credit cards, etc.
7. A copy of your current marriage license. If widowed, divorced or legally separated, provide documentation of this fact. If paying child support or alimony, please provide appropriate documentation.

If you have questions regarding the admissions or financial process, please contact the homes' admissions coordinator or financial officer at your convenience.

WHAT TO BRING?



Furniture and Room Furnishings

Television: All rooms are equipped with a TV that is on a pivotal arm, (ie: they can move it to watch TV from their bed or their side chair). **NO other TV's may be brought in.**

Furniture: ALL rooms are furnished with a bed, chest of drawers – top drawer has a lock / key, wall shelf, side chair and a nightstand. No other furniture items may be brought in without *prior* approval from the administrator. All rooms have a closet space with a large drawer for each resident. We must be careful not to infringe upon other residents' space in the room and therefore, can not allow the rooms to be cluttered. Clutter can also cause falls and limit adequate room for staff to provide care.

Closets: We need you to help us keep the residents' closets neat and stocked with appropriate clothing. Please go through their clothing items every few months, to make sure any torn / tattered items are removed and / or that seasonal items are exchanged out. Closet space is limited and we want our residents to look nice and be comfortable at all times. Please take home any non-seasonal items or items that no longer fit. *Please remember to give any new / additional items you bring in to the nurse manager or social worker so they can be labeled. They will take them down to laundry for labeling and put them away when they are brought back to the unit.

Electrical Devices: ALL rooms are equipped with electrical outlets. NO extension cords or power-strips can be used in resident rooms. You may bring in a clock / radio but they must be in safe operating order, (ie: no frayed wires / cords, broken cases, etc.). Wireless internet is provided for personal laptops, which are the only type of computer allowed in resident rooms due to space limitations. The library has computers for residents to use.

If you bring any "non" clothing items, (such as pictures, radio, clock, etc.), you will need to label the items with a sharpie marker or in pen prior to bringing them in. We also encourage you NOT to bring anything of great value. If an item is lost, please notify your nurse manager or social worker as soon as possible. We will make a diligent effort to find the lost item. And return it, but we are not responsible for lost / stolen items.

Food / Snacks: Residents may keep snacks in their room. However, they must be dated, kept in an air-tight container and limited to small quantities. Close monitoring of all stored food items is important due to infection control.

NO food items that require refrigeration may be kept in the room. Items requiring refrigeration need to be checked in with nursing and labeled with the residents name.

All nursing units have a kitchenette with a refrigerator for these items to be stored. We encourage residents / family to inspect their snacks frequently to make sure they do not become outdated or unfit for consumption.

Personal Articles for Admission:

Upon admission residents do not need large amounts of clothing because we launder residents' clothes daily. To prevent cluttering and wrinkling in closets, we recommend only the items listed:

* Shirts/Blouses	8-10
* Pants/Slacks	8-10
* Undershirts	10
* Underwear	10
* Socks	10 pairs
* Belts/Shoes	2 each
* Handkerchiefs	12
* Housecoat	1
* Pajamas/Gown	4
* Sweaters/Light Coat	2 each
* Winter Coat	1

The facility will label all clothing items for you with iron-on label. Please be sure to take all new / additional clothes to the nurse manager or social worker to be labeled before storing them in the resident's room. Unlabeled clothing cannot be returned from the laundry.

The facility furnishes all blankets, bedspreads, sheets and pillows. You may bring 1 extra blanket.

Medications: THVC will obtain all medications needed for your loved one. Our medical providers monitor medications and adjust them as needed. If you desire to provide an over-the-counter medication, herbal remedy, ointment or cream please alert the nurse manager. Our goal is to provide safe medication management while complying with federal regulations.